## 2011 Military Health System Conference

#### Purchased Care Sector Medical Homes

Impact, Challenges, and Way Forward Implementing PCMH "Downtown"

The Quadruple Aim: Working Together, Achieving Success

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**Tricare Management Activity** 

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## Questions to be addressed

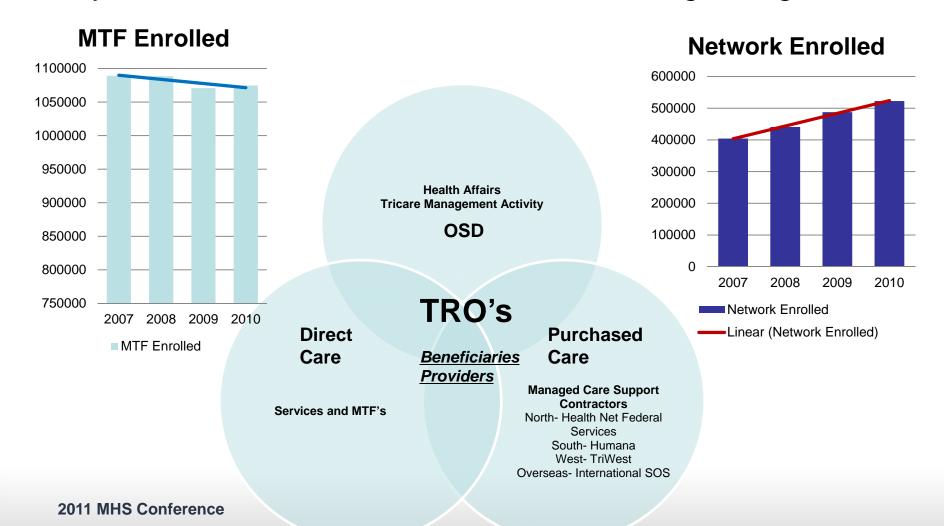


- What is a TRO?
- How is PCMH implementation outside of MHS done?
- Why does Tricare care about PCMH?
- What are we doing now?
- What is needed for greater PCMH availability to network enrollees?

## What is the TRO? Why do we exist?



#### A day in the life of MHS: 9.6 beneficiaries and growing



## Life of PCMH in US Civilian Sector



"Nurturing

Parent"!

Conception 1967

Birth 2003-2004

Growing Child 2006-2009

Private Payer Initiatives (27)
 Patient Centered

Maturing Teen
 2010- Primary Care
 Collaborative-

- CMS pilots (8)

Adult future

Accountable Care Organizations

PMCH penetration in Tricare Network - reflective of greater US

#### **Correlating Growth in PCMH Enrollment** to Quadruple Aim Performance



#### **Expected Performance from PCMH**

% of Enrollees **Getting Care from PCMH** 



#### **Overall Impact on Quadruple Aim**

Current Perf	Measure	Expected Improvement	
R	IMR	↑ TBD	
G	HEDIS – Preventive	↑ 7%	
G	HEDIS – Evidence Based Guidelines	↑ 4%	
Y	Beneficiary Satisfaction	10%	
Y	Time to Next Available Appt	15%	
R	Getting Timely Care	14%	
Y	PCM Continuity	16%	
R	PMPM	↓ TBD	
R	ER Utilization	↓ 15	

3.75M - 75% 2.5M - 50% 1.25M - 25% 655K - 14% 500K - 10% 250K - 5%

Beneficiary Satisfaction: 59% → 64% (62% **Getting Timely Care: 74%** → 81% (78%) **PCM** Continuity: 45% → 53% (60%) ER Utilization: 45/100 → 37/100 (30) Beneficiary Satisfaction: 59% → 62% (62%) **Getting Timely Care: 74% → 78% (78%)** 

**PCM Continuity: 45%** → 49% (60%) ER Utilization: 45/100 → 41/100 (30)

Current **Performance** with 14% **Enrolled in PCMH** 

Beneficiary Satisfaction: 59% → 60% (62%) 60% 个 77% 个 **Getting Timely Care: 74% → 76% (78%)** 

**PCM Continuity: 45%** → 47% (60%) ER Utilization: 45/100 → 43/100 (30) 42% ↓

45 --

Beneficiary Satisfaction: 59% → 59% (62%)

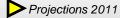
**Getting Timely Care: 74% → 75% (78%)** 

**PCM** Continuity: 45% → 46% (60%)

ER Utilization: 45/100 → 44/100 (30)









# **Challenges to Network Penetration**



- Practice/Provider Factors
  - Start up Investment (time & \$) significant
    - NCQA accreditation
    - IT systems
    - Process Improvement Projects
  - Incentive (cost/benefit)
- Systematic/Policy
  - Lack of agreement on pilot evaluation methods
  - Lack/Misaligned incentives
    - Reimbursements
    - Performance reward

# **Challenges to Network Penetration**



#### Market:

- Network Characteristics: Broad vs Narrow, Geographies (nationwide vs regional)
- Tricare empanelment percentage
  - Maryland: range 0-433 patients/practice, avg. 2-5%
- Variable Med Home Definition
- General PCMH prevalence in community
- Population
  - Transient
    - Example: Maryland Avg. = 0.3-2.8 yrs
    - Choice of PCM as compared to MTF
    - Transfers and Moves

## **US Civilian PCMH – North Example**



- Pilots: 16 across 23 states
  - Q:Does PCMH deliver better outcomes? Which Outcomes?
    - Insurance based (15)
    - Multi-stakeholder (8)

No multi-state

No multi-insurer projects

- Tested Payment Methodologies
  - "Prospective Care Management fee" (PMPM payment)
  - Technology Grants

Variable Combinations

- Outcome Rewards
- T-codes Care Coordination fees
- Service fee plus up

## **PCMH** in TRO-North



	1
	North region
	Snapshot
	Oct 2010
Total	00000
eligible	~3.1 million
Total	
enrollee	~1.5 million
Total	
unenrolled	
(Standard)	~2.6 million
Network	
Enrolled	522,335
PCMH	
Enrolled	18,521
Total	
Providers	155,324
PCMH	
providers	1726

#### Current State

- 33 total practice Tricare network
   PCMH sites
- Tricare PMPM ~ \$210
- 3.5% network PCMH penetration
- Some pilot results so far demonstrate (1-4 year f/u)
  - Cost reductions:2-7% PMPM
  - Cost avoidance- blunted rises

# **PCMH** Impact



#### Overall PMPM reduction plus rise decrease



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## **TRO Medical Home Efforts**



#### TRO FY11 PERFORMANCE PLANS

## MARYLAND HEALTHCARE COALITION-TRO- North

- Maryland state unique payer reporting requirements for all payers → Accurate Accounting of HC costs
  - FY09 Maryland Reports \$76. 5 Million for 94,200 Beneficiaries
    - **→** \$812/member
    - → approximately \$67.66 PMPM
- MHCC Goals: Practice Transformation!

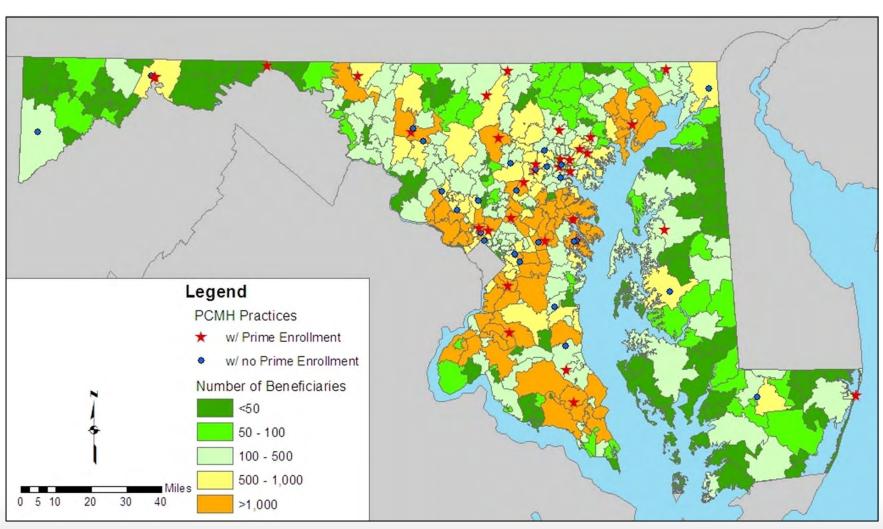
# MHCC Demo Project (cont'd)



- Methodology:
  - \$300K state funded seed for Process Improvement/Lean & IT support
  - Combines semi annual capitated care coordination fee + pay for services for primary care. (\$3.90- \$9.62/pt/mo.)
  - Incentivizes practices with portion of cost savings yearly based on Auto-benchmarks
  - Projected Duration: 4 years, start moved from 4/1/11 to 7/1/11
- Leverages payer power! All major payers in MD participating to achieve practice penetration of >50%.
- 50→ now 60 Practices, 200 PCM's, 200K patients statewide all payers
  - 4818 Tricare Benes -data on Tricare Prime and Standard breakout to these practices pending
- Demo application in progress, expect to be completed by mid Jan

# Maryland Tricare Eligibles MD Pilot Sites & Enrollee locations





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# **Way Forward**



- Strategic- MHS level (2 prong approach)
  - Collaboration with Civilian Change Agents
  - Realign Incentives and Reimbursements
  - Establish evaluation plan
- Operational
  - Contract Revision
  - Policy Revision
- Tactical
  - Provider- tools and incentives for PCMH
  - Patient tools making easier to access PCMH
- Enterprise- Communications plan promoting

  PCMH to Enrolled and Standard Beneficiaries